

HAWAII PSYCHOLOGIST

NEWSLETTER

Summer 2016



The mission of the Hawaii Psychological Association is to enhance the quality of life for the people of Hawaii by encouraging, integrating, applying, and communicating the contributions of Psychology in all its branches. HPA seeks to strengthen public relations, advocate for a psychologically healthy community, develop solutions for mental health care, be responsive to the multiple cultures in Hawaii, promote the highest standards of professional ethics and to diffuse psychological knowledge through meetings, conventions and publications.



Lesley A. Slavin, Ph.D.
HPA President

A MESSAGE FROM OUR PRESIDENT

ACT 181: A NEW LAW WITH IMPLICATIONS FOR PSYCHOLOGISTS WORK- ING WITH YOUTH

ALOHA KAKOU MEMBERS

On July 1st 2016, Governor David Ige signed into law Act 181 granting young people age 14 and older the right to consent to their own mental health treatment and counseling services. The original bill was written by staff of the Department of Health including the Child and Adolescent Mental Health Division (CAMHD), led by psychologist Scott Shimabukuro, Ph.D. and Kimberly Allen, MSW, chair of the CAMHD Safe Spaces Committee. The main intent of the bill is to make it possible for youth to talk to a counselor without having to involve a parent. It was designed to address situations where a young person

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Register now!

HPA ANNUAL CONVENTION
OCT 21 & 22

EARLY REGISTRATION
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2016 HPA Annual Convention

"Psychotherapy Research and Practice: Crossing the Great Divide"

October 21 - 22, 2016
Pomaika'i Ballrooms at Dole Cannery
Honolulu, Hawai'i

Keynote Speakers

Louis G. Castonguay, Ph.D.
Professor of Psychology
Penn State University

Elena J. Eisman, Ed.D., ABPP
Director, APA Center for Psychology and Health
Associate Executive Director, Practice Governance Operations
American Psychological Association

Morgan T. Sammons, Ph.D., ABPP
Executive Director
National Register of Health Service Psychologists

Early Bird Registration Available Now!

Register before October 1st for significant savings

Continental breakfast, lunch, free parking and free wifi
are included with your registration.
Earn up to 12 CE credits that meet Hawaii psychology
licensure renewal requirements.



Marie
Terry-Bivens,
Psy.D.

A MESSAGE FROM OUR PAST PRESIDENT

HPA NOMINATIONS ♪ I hope that you have checked the listserv recently and see that it is that time of year when the Hawai'i Psychological Association nominates members to serve on our Board of Directors for 2017 as well as nominations for our awards which will be given out at our **convention on October 21-22 at the Dole Cannery in Honolulu.**

Please use the forms that were sent on the listserv or request one to nominate members to the board and for awards for contributions to the field of psychology and mental health for awards which are given out at our annual convention. Members are urged to make nominations! It is important that we install capable leadership and also recognize those in our community who advance the field of psychology.

Kindly send the names of individuals worthy of consideration for awards and submit a **descriptive paragraph with details specific to each nominee** on a separate page. Submissions can be made via email (hpaexec@gmail.com) or fax (521-8994) to HPA by **September 15, 2016.**

Nominations for our Board of Directors for 2017 can be made via email (hpaexec@gmail.com) or fax (521-8994) to HPA by **September 30, 2016.**

We look forward to seeing you at our convention on October 21st and 22nd at the Dole Cannery in Honolulu. We will be giving out awards and introducing our 2017 Board of Directors at that time!

MESSAGES FROM OUR HPA BOARD

SECRETARY'S MESSAGE: MEMBERSHIP DRIVE ♪ HPA is busy organizing a membership drive. HPA will be reaching out to mental health professionals in Hawaii and highlighting HPA's strong legislative advocacy; ongoing negotiations with the insurance panels and the major impact that has had on practicing psychologists; the last 5 years of achievements; and HPA's exciting new CE offerings and discounts for HPA members. We hope that all of our existing members will reach out to their colleagues and encourage them to join HPA. HPA's advocacy efforts protect and promote our profession. Additional members increase the power of the organization while creating a robust collegial network. Please email Tanya Gamby at drgamby@gmail.com if you have ideas for the membership drive or additional ways that HPA can serve our community.

TREASURER'S REPORT ♪ The financial state of HPA remains strong. We estimate that this year we will have at least 30% of total budget in reserve to assist with any unforeseen crises that may arise. We plan to significantly increase our revenue over the next year through increased membership, greater attendance at the HPA Convention, and more HPA sponsored CE courses. This increased revenue will help support our membership through sponsoring free CE lectures, monthly psychological grand rounds, purchasing and operating videoconferencing equipment to keep our membership in touch with each other and offering distance-based CE courses, and advocating for psychologists in the legislature. As a membership run organization, HPA remains eager to hear from our membership about directions that HPA should be heading. Please contact HPA leadership to let us know your thoughts.

DIVERSITY COMMITTEE ♣ The Hawaii Psychological Association Diversity Conference occurred on Saturday, April 23, 2016. Dr. Wei-Jen Huang presented the talk “Emotional Intelligence and Relationship Enhancement Training for Asian Populations”. Despite the title indicating training focused on Asian populations, Dr. Huang’s inspiring talk touched on universal themes of intergenerational trauma, love, and acceptance. Most importantly, he described ways of overcoming intergenerational trauma through love and acceptance. Dr. Huang provided concrete examples of people whose lives changed after generations of the same hurts were passed along, his words touched many in the audience emotionally. There were times when there wasn’t a dry eye in the room! It was inspiring to see people healed through acceptance, physical touch, and love. In addition to the compelling narratives, Dr. Huang gave a description of the most important aspects of his intervention, “Journey to Intimacy”. Dr. Huang is truly “Dr. Love” as noted by his nickname! Warmth and compassion for people emanate from him and it is a source of his strength and healing. Some folks described the training as, “powerful”. Others talked of ways to integrate his interventions into their practice, no matter the presenting complaint of the client/patient. American Psychological Association’s Office of Ethnic and Minority Affairs provided funding and many students and early career psychologists were in attendance.

The Diversity Committee is looking forward to engaging graduate students and psychology professionals early in their career. Social justice advocacy is playing out on a national level. HPA has local social justice opportunities and would like interested people to join the committee. The Diversity Committee is also considering enjoyable ways of engaging folks (e.g., pau hanas) and we would greatly appreciate your feedback and commitment. If you are interested in getting involved or have any ideas, please do not hesitate to contact me, Tanecia Blue @blue_fa98@yahoo.com, if you have interest in the committee.

STUDENT CORNER ♣ If you have thought of joining HPA as a graduate student, but have wondered what is in it for you, perhaps you need to turn that question around and ask yourself what you could be doing for HPA. You can serve your local psychological community by becoming a student member of HPA. Now is an excellent time to make a contribution of your time and energy to the association, our professional community, and consumers of psychological services who need a voice. There are a variety of committees to get involved in where you can meet and work with like-minded people for causes that promote our field, and assist people in obtaining services through passing much needed legislation. Join HPA and gain access to the listserv where you will have the opportunity to stay abreast of exciting topics concerning the practice of psychology, make connections with those who share similar interests, possess a knowledge base in your area of interest, or offer research possibilities. While training to become psychologists, HPA student members are offered rich opportunities for growth within the field, by participating in the HPA annual convention, attending and receiving discounted rates on conferences, trainings, and seminars. Student members can shadow seasoned psychologists in significant matters that affect our local communities and the future of psychology. By becoming a HPA student member, not only will you give rise to change in others, but also gain invaluable experience and knowledge from Hawaii’s top psychologists. Up and coming for psychology graduate students are plans to increase student membership, networking “meet and greet” opportunities with fellow grad students from our local universities and colleges and engagement within various HPA committees. So what is in HPA membership? A chance to make a difference! Join us today by logging onto the HPA website. Contact your HPA student representatives for more information about how you can get involved:

Puanani Hee, UH student rep: phee@hawaii.edu

Madelyn Butac-Roeske, Argosy student rep: mambutac@yahoo.com

Lei’a Twigg-Smith: Argosy student rep: leiats@hawaii.edu



Pat DeLeon
Former APA
President

ALL YOU NEED IS LOVE

I received a most thoughtful invitation from the Association of VA Psychologist Leaders (AVAPL) to participate in their 19th Annual VA Psychology Leadership Conference in San Antonio, Texas, May 31-June 3, 2016, as they honored their longtime colleague Kathy McNamara who will soon be retiring from federal service. Appreciation and Love were in the air during the banquet for Kathy. Over the course of the evening, tributes flowed from APA President Susan McDaniel, APA Senior Advisor for Health Care Financing Randy Phelps, APA lead on Military & Veterans Policy Heather Kelly, and a host of VA psychology leaders including Tom Kirchberg, George Shorter, Lisa Kearny, Rod Baker, Theo Stratis and Russell Lemle. Theo presented Kathy with a beautiful Pikake lei. The inscription on Kathy's gift described her "as persevering, gritty, savvy and as effective an advocate for Veterans and VA psychologists as there's ever been." At the conference Russell received the Patrick DeLeon Advocacy Award. His tribute to Kathy:

Your leadership has been a source of guidance and inspiration for a generation of VA psychologists, of which I clearly count myself. I first heard of you in 1997 when I approached Christine LaGana with the idea for the AVAPL conference. Christine (then, lead VA psychologist) spoke with great animation of how you were the voice of VA within APA, and ought to be a key conference organizer. We first met at the inaugural Dallas gathering. I observed you closely, and continued to year after year. While most of us think in terms of individual changes, you demonstrated an uncanny knack for how to change systems. As VACO officials would finish their conference presentations and the floor was open, you'd stroll up to the mike and wisely engage them about a skillset of psychologists that would improve service to Veterans. Then you'd fly home, write a while paper and doggedly follow up.

You nourished and mentored my budding interest in advocacy. I've lost count of how often I called or wrote over the years. While I was the Conference Chair, you were the person I would first turn to for big-picture agenda ideas. Those inquiries morphed into everything VA psychology related. We both attended all 19 AVAPL conferences. At the opening cocktail reception, you'd meet me with your warm, beaming smile (belying the fact you'd been flying through the night to get here). The next morning you'd stroll over to my table with a bag of Kauai shortbread cookies you'd schlepped from home, knowing that my son was a huge fan. It was typical of your abundant generosity. Speaking of the conference, you've been a core planning committee member for two solid decades. You did it because you were convinced this conference helped ensure VA Psychology stayed cohesive, strong, proactive, valued. But of course, that is your way.

Your list of accomplishments and acknowledgments is staggering: 25+ years of service on dozens of APA Boards and Committees. You're a Fellow in the Academy of Clinical Psychology and five APA Divisions; an ABPP Diplomate; a Distinguished Practitioner in the National Academy of Practice in Psychology; received an APA Presidential Citation and perhaps most impressively, the APA Award for Distinguished Professional Contributions to Institutional Practice. When we suggested holding this retirement dinner in your honor, your first response was: 'Oh no, banquets should be reserved for psychologists of much higher stature.' There is no such category.



**June W.J.
Ching, Ph.D.,
ABPP**

ON THE HORIZON: THE EPPP-2 FOR LICENSURE

BY JUNE W. J. CHING, PH.D., ABPP
APA COUNCIL REPRESENTATIVE FROM HAWAII
HPA PUBLIC EDUCATION CAMPAIGN COORDINATOR CO-CHAIR

The development of a new computer based examination that will be complementary to the existing **knowledge-based** Examination for Professional Practice in Psychology (EPPP) was announced in March 2016. The new exam, the EPPP Step 2, was approved by the board of directors of the Association of State and Provincial Psychology Boards (ASPPB) and will focus on assessing **skills** necessary for entry-level licensure. It is anticipated that the exam will become a requirement as early as 2019.

The announcement of this significant change of an additional licensure exam, EPPP Step 2, to the existing EPPP has been met with mixed responses in Hawaii's psychological community, as well as nationally, especially by psychology graduate students and Early Career Professionals (ECPs). Why is it being developed and what are some of the concerns being expressed? While I am not at all involved with the psychology licensing exam process or the development of the exam, I am gladly passing along what I do know from information disseminated by APA and the ASPPB.

BACKGROUND ♪ In 2004, the APA task force which studied practices in competency assessment within psychology and other health profession, released a report recommending that psychology develop a mechanism to test knowledge, skills and attitudes. The APA Commission on Accreditation recently adopted new Standards of Accreditation that move to a focus on demonstration of acquired competencies rather than completion of a list of courses.

The ASPPB began to explore the possibility of an assessment of professional skills as part of the licensing process consistent with the calls for psychology to move to a "culture of competence" in both the training and credentialing of psychologists, following the APPIC sponsored Competencies Conference in 2002. ASPPB has had a series of conversations and surveys of its member licensing boards throughout the US and Canada that encouraged them to pursue an assessment of skills examination. The ASPPB task force suggested the development of a skill-based test assessing: scientific orientation, professional practice, professionalism, ethical practice and systems thinking.

The competency movement in psychology education and credentialing communities is consistent with other health professions that have already moved to assessment of all aspects of professional competence in both their education and credentialing procedures. Stephen DeMers, EdD, ASPPB CEO, explained, "There are hundreds of different psychology training programs and practicum and internship sites, all with different supervisors and no common standard."

WHY IS ANOTHER EXAM NECESSARY ♪ EPPP Step 1 is an assessment of the **knowledge** base part for competent professional psychology practice. EPPP Step 2 will focus on professional **skills and abilities**, what has been missing in the standardized assessment of candidates' competence to provide service to the public. While ASPPB considered combining the two tests, "given the breadth and complexity of both psychology's knowledge base and functional skills, it was hard to imagine that one exam could adequately assess such breadth of content without the length of the resulting examination being prohibitively long and expensive."

CONCERN ABOUT COST ♪ For many who already carry huge debts from their education and



Jill Oliveira
Gray, Ph.D.

LEGISLATIVE CORNER

BY JILL OLIVEIRA GRAY, PH.D.
HPA RxP COMMITTEE CHAIR

ADVOCATING FOR IMPROVED ACCESS TO CARE: PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

The HPA RxP Committee hit the ground running when the 28th Hawai'i State Legislature convened in January of 2016. HB 1072, pertaining to prescriptive authority for certain trained psychologists, gained more momentum over the past two legislative sessions and went the furthest in 2016 than it has in nine years. HB1072 sought to provide a long-term, no-cost solution to the diminished access to psychiatry problem that has plagued Hawai'i for decades, particularly for our vulnerable populations and rural community residents.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. Many studies show that people who commit suicide receive little or no treatment for their mental health problems due to the multiple barriers to care that exist (i.e., access, availability, acceptability, cost). From 2008-2012, there was an increasing trend in the number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. The highest reported number of deaths in a 21-year period was just 6 years ago in 2010 with 195 deaths (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017). According to this report, the most common negative life events that precede suicide are relationship issues (34%) (i.e., break up or divorce), or serious illness or medical issues (26%). On O'ahu, 65% of the suicide victims had a documented history of mental illness (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017, p. 34) which raises questions of whether they were in treatment and/or the quality of treatment being received.

According to the Mental Health in America Survey (2012-2013), Hawaii ranked 2nd worst across the nation with 66% of adults with mental illness not having received needed treatment. For youth with major depressive episodes, 70.9% did not receive treatment. The RxP Committee conducted a review of insurance provider directories and found that across all islands psychologists outnumber psychiatrists by ~20%. In looking at the numbers of psychologists vs. psychiatrists who accept Medicare and/or Medicaid, psychologists were found to accept these types of insurance plans more than psychiatrists. In other national surveys, including the Institute of Medicine and SAMHSA, psychiatrists and APRNs with prescriptive authority, are the least available mental health providers while psychologists are the second most plentiful following clinical social workers. Given this disparity, equipping psychologists to combine pharmacological and psychological interventions could improve patient outcomes and satisfaction by providing them with a range of treatment options in a timely and accessible manner.

The shortage of psychiatrists across the nation, particularly child and adolescent psychiatrists, has been well-documented (Thomas & Holzer, 1999, 2006). Data from the U.S. Department of Health and Human services identifies an expected 24-40% shortage in the number of psychiatrists by 2020. Similar to Hawai'i, these shortages have been reported to be worse in lower socioeconomic and rural areas.



Lianne T. Philhower,
Psy.D., MPH

SELF-CARE CORNER

ON THE IMPORTANCE OF SELF-RENEWAL

In the fall of 1990, after receiving my Bachelor degree in Biology from the University of Oregon, I found myself vocationally lost. I was living with my parents, earning \$7 an hour at the Oceanic Institute, and unable to see how I would move beyond my situation. Luckily, I came across a book that would start me on a lifetime journey that included a practice of self-renewal. The book, Steven Covey's bestseller *The 7 Habits of Highly Effective People*, was first published in 1989 and provided a needed paradigm shift from what he called the "personality ethic" to the "character ethic". In essence, the personality ethic is a self-evaluation based on the perception of others, while the character ethic is a self-evaluation based on personal values, principles, and personal perception. This provided the impetus I needed for personal change and continues to be an essential element in my own self care.

Steven Covey's seventh habit is "sharpening the saw" or an ongoing process of personal change and energy renewal. Reconnecting with my personal values of education, health, and wellbeing, I decided to go back to school; but instead of seeking external advice on what to do next, I was guided by my core values. I opened the UH Manoa course catalogue and circled every course I thought would be interesting and was surprised to find that most of the circled courses were under the Public Health department. I quickly enrolled and felt a familiar sense of renewal and energy that often goes with what I now know is active personal development.

However, now and again, we find ourselves in that place of stressful monotony. You know you are there when the work is challenging, not because it requires a lot of your creativity and experience, but because you just don't feel like doing it anymore. You may not have reached full-blown burnout, but you could be on your way there. This is a great time to re-engage in self-care through self-renewal!

Self-renewal is the antidote to self-apathy, rigidity, and emptiness. To renew one's self is to realign one's purpose, activity, and being in new ways. We can do this by first revisiting our core values. If you have not taken inventory of your core values yet, there are many resources online that can help (for a quick list of common values and questions go to <https://www.andrewmellen.com>, go to the bottom of the page and click on "free stuff!" then check out the core values exercises). Core values are connected to your personal identity and many people would rather die than part ways with them. They give who we are and what we do meaning. By reconnecting with our core values, we can assess whether our current work, daily living, and leisure activities align with them. We may find that we have outgrown some values or find deeper meaning in others. We can give ourselves an opportunity to reconnect with our values in more meaningful ways.

While our society may emphasize all the ways to keep our skin looking younger and our bodies from feeling older, we seem to be on our own to discover how to keep our minds and spirits youthful. I believe psychologists are in a prime position to address this issue. We can begin by learning to do this in our own lives through self-renewal as part of a habit of self-care. Practicing what we preach is part of our active personal development and gives credence to our profession. In the most recent issue of the *Monitor on Psychology*, Kristen Weir lists 8 research-based strategies for better work-life balance. The eighth strategy calls for making your life meaningful. The article as a whole called for a greater integration of self-care and work activities. I believe this is possible, not by adding self-care activities into our busy schedules, but rather by practicing self-renewal and building our practice to reflect our values.

PULSE ON VALUES

BY PATRICK K. KAMAKAWIWO'OLE, PSY.D., MSOL
CLINICAL PSYCHOLOGIST & ASSOCIATE PROFESSOR
HSPH AT ARGOSY UNIVERSITY

The On June 12, 2016, in Orlando, Florida, the patrons in the establishment Pulse experienced a newsworthy event that was reported around the world; an event that will be forever etched into the memories of those who lived through the tragedy and those who were affected. The establishment was a place frequented by people who affirmed themselves or others as being lesbian, gay, bisexual, transgender, or others within the LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning) community. While the media continuously speculated on the motives of this person who committed these violent acts, a community mourned the losses of loved ones, and yet some rejoiced in the losses based on their beliefs and values.

This tragedy reminds us that people are still trying to enforce their values on to others, at any cost, based on personalized feelings. These values are so engrained into our souls, our psyches, that people are willing to sacrifice their lives and kill others for them. These values are so engrained in our souls that they feel as if they are part of our genetic make up. I know that there are so many examples of this in global events and people are continuously shocked as if these events were unforeseen. However, to those of us who have suffered through such atrocities before, this event is aggravatingly tragic and hurtfully familiar.

In the LGBTIQ community, people are violated, physically assaulted, disowned, discriminated against through legal actions, killed, portrayed as child molesters, portrayed as predators, portrayed as inhuman, and made to feel that they have no place in society. In some countries it is illegal to proclaim yourself as being gay. It is these types of messages, these types of values that misrepresent who the people in the LGBTIQ community are, yet people may believe these values and take actions that have terribly harmful consequences.

Matthew Breen, The Advocate Editor-in-Chief, stated it well when he said, "You cannot relentlessly discriminate against us, and dehumanize us, and then stand back and act shocked when someone takes your ideas into his black rotted heart, and slaughters us where we gather for community."

Let the tragedy in Orlando be a reminder of how we need to be more reflective of our daily actions, of how we need to continuously be open toward becoming more sensitive toward others, and how we can become more compassionate rather than more judgmental. To the people who have left this earth, to the loved ones who are here to memorialize them, and to the other people who are affected by this tragedy, I hope you can be comforted that to hate is human, but to love is eternal.



MEMBER NEWS

DR. TANYA D'AVANZO has been nominated to run for President-Elect of the National Academy of Neuropsychology (NAN). Her candidate statement is available for viewing on the NAN website (nanonline.org).

RICHARD I. RIES, PSY.D., MSED. was elected to serve as an official council board member on the Hawaii State Council on Mental Health. A Senate hearing took place on the nomination in April of 2016. Dr. Ries received nominations from community members, and Senator Baker presented at the hearing. The Senate and Governor Ige approved. Dr. Ries took the oath of office in June of 2016. The position runs until 2020.

"The role of the State Council on Mental Health ("Council") is to advise, monitor, review and evaluate the provision of mental health services in the state. The Council is an active advocate that provides a voice for children, youth, adults, and their families on behavioral health issues."

ON TRACK HAWAII ∩ The Department of Psychology at the University of Hawai'i at Manoa has recently started accepting referrals for a specialty treatment clinic for young people with a recent onset of psychosis, OnTrack Hawai'i. The clinic is housed in the Center for Cognitive Behavioral Therapy and is a collaboration among the Substance Abuse and Mental Health Services Administration, the Child and Adolescent Mental Health Division, the Adult Mental Health Division, and the John A. Burns School of Medicine Department of Psychiatry.

The director of OnTrack is University of Hawai'i Professor David Cicero, PhD, whose research and clinical interests are the assessment and treatment of prodromal and early psychosis. The clinic utilizes a coordinated specialty care model that incorporates medication management, individual therapy, supported education/employment, family psychoeducation, and case management. People are eligible for services if they are between the ages of 15 and 24, meet criteria for DSM-5 for a psychotic-spectrum disorder such as schizophrenia, schizoaffective disorder, schizophreniform disorder, or other specified psychotic disorder, and have had an onset of the disorder within the last 2 years. Clients are expected to participate in services for at least 1-2 years after intake.

For more information, please contact David Cicero by email at trackhi@hawaii.edu, by phone at (808) 956-6289, or visit the website www.ontrackhawaii.org.

If you would like to provide an inclusion for the Member News section, please email your submission to the HPA Newsletter Editor at:
kadooka.chu@gmail.com

PRESIDENT'S MESSAGE, CONTINUED FROM PAGE 1

does not want his/her parents to know the source their distress, and inspired particularly by the needs of LGBTQ young people who may not be ready to come out to their parents, but who need support, and are at elevated risk of suicide. HPA offered some testimony in favor of the bill in the early phases. Through the convolutions of the legislative process, the bill was changed a bit and there are some puzzling things about the final version that is now the law. I think it is important for psychologists who work with young people to know the substance of this new law.

In developing the proposed legislation, it was anticipated that the option to treat teens without formal parental consent will be utilized primarily in settings where counseling services are available at no- or low-cost such as schools and clinics. The bill specifies that: "If a minor consents to receive mental health treatment or counseling services pursuant to this section, the minor shall not be liable for payment." And also that: "The minor's parent or legal guardian is not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling." As a result, private practitioners usually will be leery of treating young people in this situation. The DOH staff who worked on the bill currently are discussing it with some insurers to explore ways for providers to access a youth's insurance coverage without parental notification. Presumably this can be done for reproductive healthcare for minors where there are similar provisions of confidentiality, so a similar mechanism might be made available. In any event there is nothing in this law that prohibits a therapist from accepting payment from a minor, and there is nothing in it that can force a therapist to see a young person without payment. Unfortunately, the bill pertains only to counseling and mental health services that are provided by a licensed mental health professional. Many therapists working in free clinics, School Based Behavioral Health, and similar settings where no- or low-cost care is available are not licensed – so this may be a major obstacle to youth seeking to utilize this statute.

If you are asked to work with a minor and to keep this work confidential from her or his parents, this law requires that you assess carefully whether it is really necessary to exclude the parents. Act 181 states: "The mental health treatment or counseling services provided to a minor as authorized by this section shall include involvement of the minor's parent or legal guardian, unless the licensed mental health professional, after consulting with the minor, determines that the involvement would be inappropriate." The law requires you to document your decisions about parental involvement in the young person's record.

If a parent asks you to see a reluctant young person, you can still do so without the youth's formal consent. Act 181 states: "A minor may not abrogate consent provided by a parent or legal guardian on the minor's behalf. A parent or legal guardian may not abrogate consent given by the minor on the minor's own behalf." The law does not appear to require a change in how we conduct most of our normal work with minors. Parents continue to be able to access youth's records whenever they are aware of and involved in the treatment, and they can consent to the release of information about such treatment. If you work with a young person without the parents' knowledge and things get worse, you may quickly be forced to involve the parents. Act 181 states: "the consent of the minor's parent or legal guardian shall be required to prescribe medication to the minor or to place the minor into an out-of-home or residential treatment program."

All in all, I believe Act 181 is a step forward for youth in Hawaii. I am hopeful that some young people who are struggling alone with their emotions, traumatic experiences, sexual feelings, etc. will be able to get help and support from competent counselors. In future years, I hope Act 181 can be amended to allow this help to come from counselors who are under the supervision of licensed Mental Health Professionals – so that more youth can benefit.

ALOHA FROM PAT, CONTINUED FROM PAGE 5 ♪

VA Psychology historian extraordinaire Rod Baker:

In 1989, Rod Torigoe, the chief of psychology at the Honolulu VA Medical Center heard that Kathy had applied for a neuropsychology position at the Tripler Army Medical Center in Honolulu, after discussions with Ray Folen. Taking that to mean she had an interest in leaving academia and moving to Hawaii, he offered Kathy a staff psychologist position that included training director duties. With her love of training and work with interns, she accepted and began a VA career that lasts until the present. In the first days of her appointment she was asked to sign a form that acknowledged she had been given a copy of the staff by-laws. Unlike many others, though, she read those by-laws first. She tells the story that she entered Rod's office in disbelief and asked somewhat testily if he knew what was in the by-laws about psychologists. She was outraged that psychologists were listed in the by-laws, but only after lab technicians and not as members of the medical staff. At the end of two and a half years Kathy's amended by-laws were approved by the medical staff, the psychology service became a full voting member of the executive committee of the medical staff, and psychologists were now credentialed and privileged as licensed and independent providers on the medical staff.

Kathy established her role and reputation as an advocate for prescriptive authority and began a campaign with others to convince Division 18's public service psychologists to support that campaign. I will note that Division 18's role in that advocacy produced the most visible role for the division in APA during the last 20 years. Given her remarkable accomplishments in advocacy for the profession, it is sometime easy to forget Kathy's work with veterans. But in summarizing her career chapter in our book, Kathy tells us that what has nurtured her desire to persist in advocacy has been the honor of working with veterans and the interns and residents whose lives have touched hers. I wish to personally thank you, Kathy, for your service to our veterans and your advocacy for the profession of psychology.

Due to the most impressive Texas thunderstorms, I finally arrived as the dinner guests were standing with their drinks in hand. Clay and I wandered to the bar so I could have my dinner and we were soon joined by Kathy and her admirers. Lisa Kearney had presented her with a fascinating photo album of her VA days, with awesome memories from former APA President Ron Fox and numerous colleagues. The next morning I had the opportunity to give my remarks before the 160+ conference attendees. To thunderous applause: "Kathy it is time for you to run for APA President. Public service psychology needs you. Our Veterans, the VA, and rural America need you. This is not the time to retire." That is also my charge for all of the members of the Hawaii Psychological Association.

What's Past Can Be Prologue: Hawaii HPA came tantalizingly close to enacting RxP this legislative session. New Mexico's Elaine LeVine: "Dear Colleagues – My heart goes out to you being so close and then being closed out in this way. This happened to us in New Mexico. The bill passed through the House and, then, did not get called up in the Senate, and we knew we had the votes. Mario and I sat in the chambers until 12:30 at night, until the session closed, hoping. This is a part of how our democratic system works (or not works?), but from a psychologist's perspective, words like cowardly and passive aggressive come to mind. Even so, two very good things have happened. Getting so close in Hawaii has infused energy in the RxP

movement. And, if New Mexico history is any indication, our bill went through the next year. Thank you for all your efforts, perseverance, cleverness and passion. You will prevail and, in the meantime, you have given all of us inspiration that was badly needed."

Iowa succeeded in May of this year. Beth Lonning: "I can remember when I first heard about RxP legislation and folks involved saying that it took about 10 years or so from start to finish, finish meaning passing actual legislation and I thought, 'Really, 10 years?? That can't be!' Well, they were right! Between working with colleagues who are not sure about adding this to the skills of our profession to actually introducing legislation and going through the process of sub-committee, committees, amendments, more amendments, floor votes (and in our case a vote for re-consideration) and then a Governor's signature – it is a very long procedure!!!" Louisiana's Jim Quillin: "If we don't quit, we win!" "All you need is Love."

Aloha, Pat DeLeon, former APA President

THE EPPP-2 FOR LICENSURE, CONTINUED FROM PAGE 6

training, another expensive test is a concern to new graduates. While the exact cost of EPPP Step 2 has not yet been determined, DeMers says that the ASPPB's goal is to keep the cost of the EPPP Step 2 comparable to the EPPP, which is about \$700. The EPPP-2 will likely use computer based simulations and taped scenarios and vignettes and possibly avatars. ASPPB said they are prepared to absorb those start-up costs.

CONCERN ABOUT TIMING ψ Once EPPP-2 is available, ASPPB is considering the possibility of offering Step 1 before internship, immediately following coursework when knowledge is easier to recall and possibly reducing the need for students to spend money on expensive test preparation materials. If adopted by state licensing boards, EPPP-2 will be a required step in the licensure process after award of the doctoral degree.

WHO IS AFFECTED ψ There have been questions about who will be required to take the EPPP-2. The EPPP-2 is being developed for entry-level licensure. It is not intended to be used for already licensed psychologists when they renew their license in their own jurisdictions. ASPPB states that they will recommend to its member groups that psychologists take the exam only once to work in any state or Canadian province.

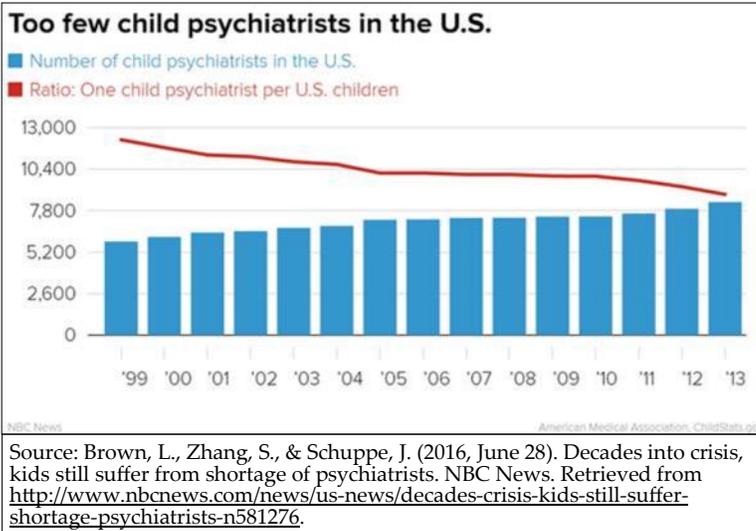
FEEDBACK AND COMMENT ψ ASPPB welcomes a continued dialogue with the ECP community, APAGs and representatives from state and provincial psychological associations (SPTAs). HPA is encouraged to submit comments on the EPPP Step 2 exam. The CEO of ASPPB is Stephen DeMers, EdD and Alex Siegel, JD, PhD is the Director of Professional Affairs.

There is much more information about the rationale and frequently asked questions about the EPPP-2 available on the ASPPB website at:

<http://www.asppb.net/page/EPPPStep2>

Also review the recent article published on the Monitor on Psychology in the July/August 2016 issue at:

<https://www.apa.org/monitor/2016/07-08/licensure-test.aspx>

LEGISLATIVE CORNER, CONTINUED FROM PAGE 7 ψ 

According to a Report on Findings from the Hawai'i Physician Workforce Assessment Project (December, 2014), across the different counties, in ranking order, the greatest shortage of psychiatrists is found on Maui at 41.2%, followed by Hawai'i island 39.2%, and, Kaua'i at 29.5%. According to this report, there is a 0% shortage for psychiatry on O'ahu but the report doesn't take into account other aspects of accessibility including, availability (i.e., how soon and how often can a patient be seen?) and acceptability (i.e., quality of the relationship). An all too often scenario in Hawai'i's rural areas is that patients face significant barriers when trying to find a psychiatrist—a process that can take weeks or months and multiple attempts due to many psychiatrists who are booked and not accepting new patients or patients with Medicare or Medicaid insurance. If a patient is successful in securing an appointment, they can face long wait times (i.e., 1-3 hours) or have infrequent visits that can reduce the overall quality of care. Unfortunately, negative consequences such as increased symptoms and/or high risk behaviors can occur when people are unable to access the care they need when they need it. This in turn can lead to escalating symptoms and related problems that perpetuate a negative cycle with potentially tragic outcomes.

HB1072 advocates for improving access to psychiatric care by granting prescriptive authority to psychologists who undergo additional training and receive a Master's of Science in Clinical Psychopharmacology. While this is not the only solution, creating more prescribers does provide the hope of addressing this issue as we have witnessed in New Mexico (NM) and Louisiana (LA) where there are now 154 prescribing psychologists who have an accumulating track record of safe and effective prescribing--many of whom are serving in rural, medically underserved areas and serve medically underserved populations. For example, the prescribing psychologists in New Mexico have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In very recent communication with individuals from NM and LA there have still been no known complaints made to the board of psychology in NM or the LA State Board of Medical Examiners. Two more states have recently passed prescriptive authority legislation to include Illinois (2014) and Iowa (2016) and will soon contribute to improving the access to care problem in their respective states as well.

Given the issues as noted above, the HPA RxP Committee devoted significant time and energy to advance HB1072 during this legislative session. This bill made it the furthest it has in nine years since a similar RxP measure was passed (but vetoed by the Governor) in 2007. A tremendous amount of advocacy has taken place over the past two years that contributed to the progress made in 2016. Many individuals worked tirelessly to advance HB1072 including rural community and grassroots advocates as well as health care organizations and professionals to include HPA's Executive Director, Ray Folen and Lobbyist, Alex Santiago.

Front and center, however, was an extraordinary consumer advocate from Maui, Don Lane, who courageously and poetically brought his personal story to the attention of Hawai'i legislators and to the public. Don is also a Media Specialist at Mental Health Kokua and created a documentary called 'Haleakala: A Trek for Dignity,' to raise awareness of mental illness and end stigma and prejudice associated with having mental

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illness. Don's documentary was broadcasted on PBS Hawai'i (<http://pbshawaii.org/insights-on-pbs-hawaii-title-pending/>) and was followed by an in-depth discussion with Don and other mental health advocates and local resources talking about how to improve access to care worked tirelessly throughout the session to educate legislators about their personal struggle to obtain sufficient psychiatric care in their communities. Their voices have definitely had an impact.

Additionally, Kelly Doty Harnick who serves as the Neighbor Island RxP Committee Chair, has worked with Don since 2014 and together they have built a strong community coalition on Maui. Kelly developed our social media presence <https://www.facebook.com/RxPHawaii/?fref=ts> and website <http://www.rxphawaii.com/>, both of which serve as excellent informational hubs and forums for Hawai'i's RxP efforts. The Hawai'i RxP petition, started by Don Lane, can be found on our website and now includes over 1,000 signatures of support.

Judi Steinman, Program Director for the University of Hawai'i at Hilo, Daniel K. Inouye College of Pharmacy, Master of Science in Clinical Psychopharmacology (MSCP) Program was incredible and steadfast in dispelling myths about the rigor of the psychopharmacology training program. She, along with other psychologists such as Marie Terry-Bivens (HPA Past President) and Nicole Robello (current student in the MSCP program) were influential in rallying major community, consumer, and legislator support from neighbor islands such as Kauai, Moloka'i, and Hawai'i island. Hundreds of other supporters were pivotal in our success this session, including our colleagues from APA, APAPO and Division 55.

HB 1072's progress included passing through two Senate hearings, two Senate floor votes (passed third reading with 22 ayes, 2 noes, 1 excused and final reading with 22 ayes and 3 noes), and passing through an extended conference committee period. The bill had unprecedented support from the Department of Health and the Board of Psychology that was instrumental in advancing HB1072 this past session. Despite all the advocacy and support, however, in the final reading the House used a very controversial procedural rule to kill the bill in spite of our belief that a majority of members supported it. A concerted effort was made by RxP advocates to implore on House leadership to resurrect the bill and have it receive a fair floor vote on the last day of the session, unfortunately, this did not happen. Devastated but not beaten, Hawai'i's RxP warriors will come back next legislative session stronger than ever and continue to stand up for access to care via prescriptive authority for psychologists.

Many tasks lay ahead for the RxP and Legislative Action Committees to reorganize and push forward once again. We need to strengthen and increase our numbers of advocates both in the community, within our profession and across other health disciplines as well. Toward this end, we will conduct advocacy training sessions led by Alex Santiago in order to demystify the advocacy process and increase knowledge and skills in the area of mental health advocacy. We plan to develop further research initiatives that will continue to examine the impact of provider shortages on mental health outcomes in Hawai'i and/or the impact of prescribing psychologists on access to, and quality of, care. We will also be rebuilding our Hawai'i Psychological Association Political Action Committee, or HPA PAC, in order to raise funds to support future advocacy efforts. If you are interested in any of the above events, please do not hesitate to contact Julie **Takishima-Lacasa, Chair, Legislative Action Committee, Jill Oliveira Gray, Chair, RxP Committee, and/or Kelly Doty Harnick, Chair (Neighbor Island), RxP Committee.**

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INDIVIDUAL
WEBCAST8th Annual Rural Behavioral Health Practice Conference
"Critical Issues in Rural Practice"

October 21, 2016

GROUP
WEBCASTS**8th Annual Rural Behavioral Health Practice Conference:
*Critical Issues in Rural Practice***

When: October 21, 2016 – Friday, 7:30 AM (7:00 AM sign-in begins) to 4:30 PM. See the detailed schedule on the conference website <http://www.mnpsych.org/rural-conference>. (Due to the Hawaii Psychological Association Convention falling on that date, HPA attendees can register for the Saturday, November 5th rebroadcast to be viewed on a personal computer.)

Training Delivery Options: Group webcast sites for you to network locally while participating. Individual webcast available from your own computer.

Cost: \$110; \$90 Partner members; \$20 FT students

Description: The purpose of the Rural Behavioral Health Practice Conference is to make quality continuing education available to behavioral health professionals about the particular practice issues involved in working with rural people and communities. The conference is coordinated by the Minnesota Psychological Association, an APA-approved CE sponsor which will award up to **7.5 continuing education credits**.* This activity is pending approval from the National Association of Social Workers.

Rural practitioners continually adapt their work to the needs of rural people and communities, as well as to new practice models and research. This conference will help you work with rural care's ethical and practice demands. It is designed for psychologist, social workers, counselors, psychiatric nurses, psychiatrists, and other behavioral health professionals with an interest in rural practice and is at the intermediate to advanced level.

Presentations:

James L Werth, Keynote, The Duty to Protect: Special Considerations for the Rural Practitioner
Julie Rickard, Managing High Risk Rural Populations with Suicidal Ideation and Controlling Related Malpractice Risk

Jennifer D. Lenardson & John A. Gale, The Rise of Opioid Abuse in Rural Communities and Promising Practices

Chloe Ackerman and Joe Skariah, Substance Abuse Screening in Rural Adolescent Populations: Overcoming Barriers and Resource Limitations

Posters on cutting edge research in rural behavioral health

For more detailed information and to register, visit: <http://www.mnpsych.org/rural-conference>

Conference Coordinator: Kay Slama, Ph.D. slama@morris.umn.edu

* "The Minnesota Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The Minnesota Psychological Association maintains responsibility for this program and its content."

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AND

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Suggestions include: regular or as-needed appointments to discuss professional development issues, being available to answer questions via phone/text/email, and introducing your mentee to others in the professional community.

Please consider volunteering and serving as a resource to a developing member of our psychological community.
Your time and expertise will be greatly appreciated!

*If you are interested in serving as a mentor, please contact Chloë
(our ECP representative) at drchloebuckley@gmail.com*



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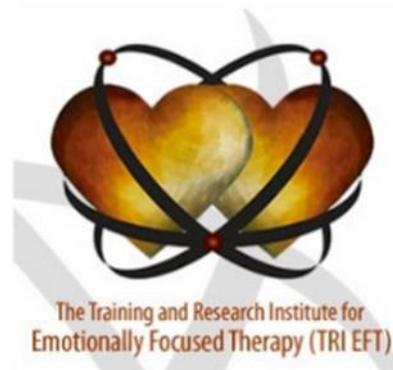
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– *Cultural Influences on Patient-Physician Decision Making*

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Dr. Marc Nivet, Ed.D. – *Assessing Change: Evaluating Cultural Competence Education and Training*

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For more info, contact Maria Chun Ph. D. at mariachu@hawaii.edu or (808) 586-2925

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Does this sound like you or someone you love?



- Hearing or seeing things that others don't
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- Having thoughts or beliefs that appear as strange
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Left untreated, these thoughts feelings or behaviors can become worse over time.

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OnTrack Hawaii'i is a treatment clinic for adolescents and young adults who have recently had unusual thoughts and behaviors, or who have started hearing or seeing things that others do not.

What is the goal of OnTrack Hawaii'i?

To help people cope with these experiences and improve their ability to go to school, live independently, and have enjoyable relationships.

Who can come to OnTrack Hawaii'i?

Anyone between the ages of 15 and 24, who has been experiencing unusual thoughts and behaviors or hearing or seeing things that others don't, and is willing to be evaluated by a health professional.

What does OnTrack Hawaii'i involve?

Treatment is conducted by a team, including a psychologist, a psychiatrist, and social workers.

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- Help with getting back on track with work, school, and relationships
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Who is conducting OnTrack Hawaii'i?

OnTrack Hawaii'i is a collaboration among the Child and Adolescent Mental Health Division, the Adult Mental Health Division, the University of Hawaii'i at Manoa Department of Psychology, the John A Burns School of Medicine Department of Psychiatry, and the Substance Abuse and Mental Health Services Administration.

How can I learn more?

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Clinical Supervisory Group starting in September--Co-lead by Drs. Fahy and Sarkis

When:

Starting Wednesday September 21st from 12:00-1:30. This group will run weekly for 8 weeks (9/21 &28, 10/5, 12, 19, 26, 11/2, 9).

Where:

1188 Bishop St. Suite 3005 Century Square Building; Honolulu, HI 96813

Who:

This group is appropriate for any level psychotherapist from student to seasoned clinician.

Cost:

The group is \$50.00 per session. Please send a \$50 check to the address above as a deposit for your spot in the group.

Focus/Style:

The group will provide a safe space to explore your developmental trajectory as a Psychotherapist. We will be reviewing clinical material with the aim of increasing your patient focused attunement and supporting improvement in clinical skills necessary to be an effective psychotherapist. We will talk about theory as a creative source of hypotheses rather than as a prescriptor of treatment.

You will increase the following skills:

Attunement to Patient; attunement to self

Mutual regulation; nonverbal and verbal skills

When to use interpretation; inquiry/questioning

Diagnostic skill

Effective treatment planning

This group will be fluid, dynamic and experiential. As such, week to week there is no set curriculum, per se'. Rather, theoretical material, strategies and interventions will be explored using clinical case presentations. This type of integrated formulation allows us to examine our work with an eye on the nuances, details, and intimate aspects of our patient's intra-personal world. Week to week there may be suggested readings, techniques to be implemented and practiced, and space will be provided for feedback and follow up questions as the group fluidly adapts to the material that surfaces within your clinical case(s).

If you are interested in participating or you have questions, please contact Dr. Fahy at DrFahy@hotmail.com prior to August 18th and DrSarahSarkis@gmail.com after that date for more information or to reserve your spot.

We look forward to collaborating with you!



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The Hawai'i Psychologist

This newsletter is a publication of the Hawai'i Psychological Association. Chartered in 1962, the Hawai'i Psychological Association is the professional association representing over 300 Hawai'i psychologists. Its mission is to advance the science and practice of psychology while supporting excellence in education, training, research, advocacy and service.

HPA works to inform the public and the Legislature about psychology to ensure that quality health services, both public and private, are available to the diverse people of Hawai'i. HPA's parent group, the American Psychological Association, is one of the largest professional associations in the United States.